

COPY

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MAR 16 2015

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from

John Doe dba Doe's Limo

Application for Class  
C Taxi from  
Cadillac Express LLC

Filed: lod  
Dept: N/A  
Date: 3/20/15  
Time: 12:42

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA  
**TRANS DEPT**

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2015 - 114 - I

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Antonio LeeTelephone: 843-338-3554Address: 788 Old Bailey Road

Fax: \_\_\_\_\_

Ridgeland SC 29936

Other: \_\_\_\_\_

Email: CZukow@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☒ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: \_\_\_\_\_**RECEIVED**

MAR 20 2015

PSC SC  
MAIL / DMS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*lod*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
 101 Executive Center Drive, Suite 100  
 Columbia, South Carolina 29210  
 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
 OPERATION OF MOTOR VEHICLE CARRIER

**RECEIVED**

Date: 3/18/15

MAR 16 2015

CLASS C - TAXI

**TRANS DEPT**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Cadillac Express LLC

788 Old Bailey Road, Ridgeland SC 29936  
 Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-338-3554

Phone

Fax

CZukow@yahoo.com  
 Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Antonio Lee

- 788 Old Bailey Rd Ridgeland SC 29936

Christopher Zukow

116 Landing Lane, Bluffton SC, 29909

1 of 9

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month 3 Year 2015

#### Assets:

Cash	10,000
Receivables	
Real Estate	N/A
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	12,000
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepays and Other Assets	1000
<b>Total Assets*</b>	<b>\$ 23,000</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	0
Equipment Obligations	1000
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	12,000
<b>Total Liabilities</b>	
Capital Stock	10,000
Retained Earnings	0
<b>Total Equity</b>	<b>23,000</b>
<b>Total Liabilities and Equity*</b>	<b>23,000</b>

\* Total Assets = Total Liabilities and Equity

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## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Max Per Mile - \$2.75  
Max Per Trip \$1000

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee              | <input type="checkbox"/> Florence              | <input type="checkbox"/> Lee                 | <input type="checkbox"/> Saluda            |
| <input type="checkbox"/> Aiken                 | <input type="checkbox"/> Chester               | <input checked="" type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington           | <input type="checkbox"/> Spartanburg       |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield          | <input type="checkbox"/> Greenville            | <input type="checkbox"/> Marion              | <input checked="" type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon             | <input type="checkbox"/> Greenwood             | <input type="checkbox"/> Marlboro            | <input type="checkbox"/> Union             |
| <input type="checkbox"/> Bamberg               | <input checked="" type="checkbox"/> Colleton   | <input type="checkbox"/> Hampton               | <input type="checkbox"/> McCormick           | <input type="checkbox"/> Williamsburg      |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington            | <input type="checkbox"/> Horry                 | <input type="checkbox"/> Newberry            | <input type="checkbox"/> York              |
| <input checked="" type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon                | <input checked="" type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee              |  |
| <input type="checkbox"/> Berkeley              | <input checked="" type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw               | <input type="checkbox"/> Orangeburg          | <input type="checkbox"/> Statewide         |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield             | <input type="checkbox"/> Lancaster             | <input type="checkbox"/> Pickens             |  |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield             | <input checked="" type="checkbox"/> Laurens    | <input checked="" type="checkbox"/> Richland |  |

### DESCRIPTION OF EQUIPMENT

**You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.**

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seats/belts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver  
☐ 8-15 Passengers, including driver

[illegible]

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

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The following insurance quote is for:

MAR 20 2015

Cadillac Express LLC

Name of Applicant

TRANS DEPT

788 Old Bailey Rd, Bluffton, SC 29936-8041

Address of Applicant

**Amount of Premium:**

5240

**Limits Quoted: (See Below)**

Liability Insurance \$

~~1,000,000~~ CS

Limits

1.5 million

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Hus International

Name of Insurance Company

1160 Fording Island Dr, Bluffton, SC 29910

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/10/15

Date

Carol Boufont

Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

Exhibit Fit, Willing, and Able (FWA)Antonic Lee

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Carole Chauvin  
Applicant's Signature

President / Owner  
Title of Applicant (e.g. President, Owner, etc.)

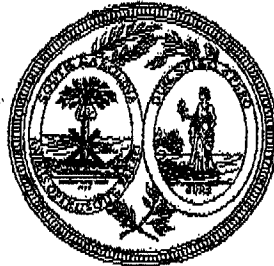
Georgia  
STATE OF SOUTH CAROLINA )  
COUNTY OF Chatham )

SWORN TO BEFORE ME  
This 12 day of March, 2015

April Bayford  
Notary Public

Commission Expires 2/18/18

# *The State of South Carolina*

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MAR 20 2015

**TRANS DEPT**

*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CADILLAC EXPRESS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 23rd, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
3rd day of March, 2015.

*Mark Hammond*  
Mark Hammond, Secretary of State

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**TRANS DEPT**

STATE OF SOUTH CAROLINA  
 SECRETARY OF STATE  
 ARTICLES OF ORGANIZATION  
 Limited Liability Company - Domestic  
 Filing Fee - \$110.00

CERTIFIED TO BE A TRUE AND CORRECT COPY  
 AS TAKEN FROM AND COMPARED WITH THE  
 ORIGINAL ON FILE IN THIS OFFICE

FEB 23 2015

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

*Mark Hammond*  
 SECRETARY OF STATE OF SOUTH CAROLINA

1. The name of the limited liability company (Company ending must be included in name\*)

Cadillac Express LLC

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

788 Old Bailey Road  
Street Address  
Ridgeland SC 29936  
City Zip Code

3. The initial agent for service of process is

Antonio Lee *Antonio Lee*  
Name Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

788 Old Bailey Road  
Street Address  
Ridgeland SC 29936  
City Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Antonio Lee  
Name  
788 Old Bailey Road  
Street Address  
Ridgeland SC 29936  
City State Zip Code

(b) \_\_\_\_\_  
Name  
 \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City

150226-0003 FILED: 02/23/2015  
 CADILLAC EXPRESS LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company

Cadillac Express LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) Antonia Lee  
 Name  
788 Old Bailey Rd  
 Street Address  
Ridgeland SC 29936  
 City State Zip Code

(b) Christopher Zukaw  
 Name  
116 Landing Lane  
 Street Address  
Bluffton SC 29909  
 City State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
 \_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

Antonia Lee  
 Signature of Organizer

2/12/15  
 Date

\_\_\_\_\_  
 Signature of Organizer

\_\_\_\_\_  
 Date